



## NOTICE OF ADDRESS CHANGE WITHIN ORIGINAL COUNTY OF RESIDENCE

State Form 28802 (R3 / 7-96)

Please Type or Print

**INSTRUCTIONS:** *There is no fee for recording this form. Complete and return to the Secretary of State, Notary Department, Room 201, State House, Indianapolis, Indiana 46204.*

Commission Number:		Expiration Date: 19	
Name in which commission was issued		County of residence	
Old residence address (street or rural route)	City	ZIP code	
New residence address (street or rural route)	City	ZIP code	
New home telephone number	New business telephone number	Signature	
<p>State of Indiana ) County of _____ ) SS Before me the undersigned, an officer authorized to take acknowledgements, (<i>Notary Public, Clerk of the Circuit Court, etc.</i>) personally appeared _____ and acknowledged the execution of the foregoing instrument this _____ day of _____, 19 _____. IN WITNESS WHEREOF, I _____, have hereunto set my hand and official seal this _____ day of _____, 19 _____. _____, a _____ for the County Signature of Notary Public or other authorized officer Type of office of _____. My commission expires _____.</p>			



## NOTICE OF TERMINATION OF NOTARY PUBLIC COMMISSION

**To be issued when a Notary moves out of state, accepts another lucrative public office, resigns or ceases to be a Notary Public for any other reason.**

State Form 28800 (R3 / 7-96)

**INSTRUCTIONS:** *There is no fee for filing this form. Complete and return to the Secretary of State, Notary Department, Room 201, State House, Indianapolis, Indiana 46204.*

Commission Number:		Expiration Date: 19	
Name in which commission was issued		County of residence	
Reason for termination		Signature	
<p>State of Indiana ) County of _____ ) SS Before me the undersigned, an officer authorized to take acknowledgements, (<i>Notary Public, Clerk of the Circuit Court, etc.</i>) personally appeared _____ and acknowledged the execution of the foregoing instrument this _____ day of _____, 19 _____. IN WITNESS WHEREOF, I _____, have hereunto set my hand and official seal this _____ day of _____, 19 _____. _____, a _____ for the County Signature of Notary Public or other authorized officer Type of office of _____. My commission expires _____.</p>			